

September 29, 2025

The Honorable Kristi Noem  
Secretary, U.S. Department of Homeland Security  
U.S. Immigration and Customs Enforcement  
Office of Information and Regulatory Affairs  
Office of Management and Budget  
725 17th Street NW  
Washington, DC 20503

*RE: Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media (RIN 1653-AA95).*

The AAMC<sup>1</sup> welcomes the opportunity to comment on the Department of Homeland Security's (DHS or the Agency) proposed rule, "*Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media*" 90 Fed. Reg. 42070 (Aug. 28, 2025). The proposed rule would end current Duration of Status (D/S) admissions in favor of a fixed term period of stay framework, not to exceed four years. This change would have a devastating impact on patient care, physician training, and research, and therefore we strongly urge the DHS to maintain its existing policy on Duration of Status.

The proposed DHS rule would replace the D/S for F international students, J exchange visitor visa holders (which includes both international resident physician trainees and postdoctoral scholars), and most I foreign media profession visa holders with admission for a fixed period of no more than four years. Students and exchange visitors would then need to apply to the U.S. Citizenship and Immigration Services (USCIS) for an Extension of Stay (EOS) if they intend to stay for additional learning or training opportunities. In doing so, the Agency proposes to end a program utilized by millions of learners and exchange visitors for the past forty years, a highly successful program with high integrity. The Agency reports that visa holders admitted for D/S

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<sup>1</sup> The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. Its members are all 160 U.S. medical schools accredited by the Liaison Committee on Medical Education; nearly 500 academic health systems and teaching hospitals; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe. Learn more at [aamc.org](http://aamc.org).

have actively maintained status throughout their stay.<sup>2</sup> Although DHS proposes the rule to provide for unlawful presence for F, J, and I visa holders “[i]f immigration officers discover a nonimmigrant in one of these classifications has overstayed his or her status,” the Agency does not provide any instance in the rule of overstay by such visa holders.<sup>3</sup> Additionally, DHS estimates that the new rule will cost hundreds of millions of dollars.<sup>4</sup> In other words, per facts set forth by DHS, the proposed change would be costly and would fix a nonexistent overstay problem.

The benefit of the current program to the American economy and to society through increased access to vital health care services cannot be understated nor adequately quantified. International medical graduates (IMGs) represent almost 25 percent of the current physician workforce, and they often work in areas hardest hit by the physician workforce shortage.<sup>5</sup> Our country has an aging population and a projected shortage of roughly 86,000 physicians in the U.S. by 2036: the proposed policy change will be detrimental for access to care in our nation in the near future and in the long term.<sup>6</sup> Compared to the current system, the proposed fixed term will create unnecessary complications for F and J visa programs and interruptions in clinical care as a direct result of the requirement to file EOS applications with an overburdened agency. These readily foreseeable disruptions will lead to reduced interest in U.S. educational opportunities among international learners.

**Specifically, the AAMC requests that the Agency maintain the current policy for Duration of Status and not implement the proposed rule.** Duration of Status provides the necessary flexibility, efficiency, and stability for clinical and biomedical research training and educational programs. The AAMC does not believe that there is a compelling need to change the current visa system for international students, trainees, and postdoctoral scholars.

#### *Resident Physicians and Fellow Physicians*

Roughly 17,000 international physicians, both residents and fellows, train in the U.S. each year in J visa status, training in communities across America.<sup>7</sup> These residents go on to provide high-quality health care as practicing physicians, improving the health and well-being of patients in chronically underserved rural and urban communities. States like Texas, Florida, Pennsylvania, Michigan, and Ohio have some of the highest percentages of non-citizen graduate medical education (GME) trainees.<sup>8</sup> According to the Health Resources and Services Administration

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<sup>2</sup> 90 *Fed. Reg.* 42077 (“DHS has identified over 2,100 aliens who first entered as F-1 students and remain in active status as of April 6, 2025.”). *See also* 90 *Fed. Reg.* 42087.

<sup>3</sup> 90 *Fed. Reg.* 42072.

<sup>4</sup> 90 *Fed. Reg.* 42073. (“...DHS estimates the proposed rule would have annualized costs ranging from \$390.3 million to \$392.4 million...”)

<sup>5</sup> Jacobs JW, Wheeler AP, Horstman E, Booth GS. How Immigration Policy Threatens US Medical Training and Patient Care: A Fragile Pipeline. *JAMA*. 2025;334(6):483–484. doi:10.1001/jama.2025.9782

<sup>6</sup> GlobalData Plc. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. Washington, DC: AAMC; 2024.

<sup>7</sup> <https://www.intealth.org>.

<sup>8</sup> <https://www.intealth.org>, and <https://www.aamc.org/data-reports/report/us-physician-workforce-data-dashboard>.

(HRSA), these states also have some of the most Health Professional Shortage Areas (HPSAs).<sup>9</sup> These resident physicians are vital members of health care teams and are essential providers of patient care. Additionally, many international resident physicians pursue fellowship training that enables them to specialize in fields of high need, such as nephrology and rheumatology.

A fixed time frame for F and J periods of stay does not meet the complex needs of educational and training programs. Students, resident physicians, and postdoctoral scholars on F or J visas are carefully monitored through the Student and Exchange Visitor Information System (SEVIS) database, and institutions report information to DHS and the State Department including address changes, academic progress, and current employment through Designated School Officials (DSOs) and Responsible Officers (ROs). Resident physicians on J visas are subject to rigorous screening and formal certification by Intealth d/b/a ECFMG, prior to entering the United States. The Accreditation Council for Graduate Medical Education (ACGME) requires that GME programs in which J-1 residents participate undergo biannual performance evaluations to meet all U.S. medical licensing standards.

Roughly 10% of resident physicians training in the U.S. were sponsored under J visas in 2023.<sup>10</sup> With expected annual applications for EOS of 203,000 J visas, it is likely that resident and fellow physicians with J visas will experience significant delays in EOS processing time.<sup>11</sup> Non-citizens seeking educational and training opportunities in the U.S., as well as the schools, hospitals, and clinical training sites that host them, need assurance before entry that these individuals will be able to complete their full programs once they begin. Additionally, GME programs operate on structured, annual cycles. Delays or denials of EOS applications will result in physicians being required to leave the country immediately, disrupting patient care and program continuity.

While residency requires a minimum of three years of training, some specialties require as many as seven years. It is in recognition of this reality that existing regulations provide J-1 physicians up to seven years to carry out their GME training in the United States.<sup>12</sup> The proposed rule would interject unnecessary and detrimental uncertainty for J visa resident physicians, particularly for high need specialties that require four or more years of training like psychiatry, neurology, and surgery.

In the case of programs that are shorter (i.e. 3 years), the proposed fixed term leaves no room for resident physicians that need to extend their training. The fixed term also means that all residents who then go on to complete a fellowship program in a critically needed specialty, such as nephrology, would be required to apply for an extension of stay (EOS) with DHS. The requirement to file an EOS with DHS is redundant for J-1 physicians, who must apply to ECFMG for a J-1 extension of program on an annual basis.<sup>13</sup> Because ECFMG issues Form DS-

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<sup>9</sup> <https://data.hrsa.gov/topics/health-workforce/nchwa/health-workforce-explorer>.

<sup>10</sup> <https://www.intealth.org>.

<sup>11</sup> 90 *Fed. Reg.* 42101.

<sup>12</sup> 22 CFR § 62.27 (c)(2).

<sup>13</sup> ECFMG, et al. Joint Comment Letter on *Proposed Rule Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media*, Department of Homeland Security (Sept. 25, 2020),

2019 in increments of no more than one additional year per physician at a time, J-1 physicians could face the unique imposition of having to file an annual EOS if the rule is finalized without modification.

### *PhDs and Postdoctoral Scholars*

International visa holders make up a significant portion of biomedical research learners. National Science Foundation (NSF) data shows that in 2023, 24% of research doctorate recipients and 59% of postdoctoral scholars in the biological and biomedical sciences were temporary visa holders. Many use the F and J visa mechanisms. According to the NSF, the median number of years to complete a research doctorate in the biological and biomedical sciences is 6.4 years.<sup>14</sup> NSF data also shows that of those that were in postdoctoral scholars positions in 2023, 22% were more than 5 years from attaining their doctorate.<sup>15</sup> Based on this large, robust data source, we believe that many international graduate students and a significant proportion of postdoctoral scholars would be required to extend their visa status by filing an EOS application with USCIS.

The EOS applications will also result in a significant increase in USCIS backlogs. Advanced research is time sensitive and dependent on the creativity and imagination of dedicated scientists. Research projects will be adversely affected by training disruptions or premature termination of research training if EOS applications are delayed or denied. Delays would also increase institutional risk should there be an administrative or filing error, as a denial would result in researchers, scholars, and trainees falling out of status.

Expired status not only impacts the students or postdoctoral scholars, but also their families and programs. Changing status could also have repercussions on other documentation, such as a driver's license, further increasing time and cost. Finally, an EOS application in the context of the proposed fixed term period of stay would carry with it the risk of being placed in deportation/removal proceedings upon DHS denial.<sup>16</sup>

For decades, the U.S. has attracted talented international students and postdoctoral scholars to train in our biomedical research facilities; the proposed policy revision will deter international trainees. The research community needs the U.S. to remain an attractive place for international students and postdoctoral scholars to do their training, and this additional burden may cause potential learners to turn elsewhere. International scholars contribute to the intellectual and cultural vibrancy of the U.S. biomedical research enterprise. Losing international talent would also lead to a reduction in U.S. competitiveness. Additionally, this proposed rule would increase the use of federal resources because of the increased burden on USCIS, as more students and

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<https://www.regulations.gov/comment/ICEB-2019-0006-28884>, at p.3 ("Annual application for an extension of J-1 sponsorship through ECFMG/FAIMER is required of every J-1 physician.")

<sup>14</sup> <https://nces.nsf.gov/surveys/earned-doctorates/2023>

<sup>15</sup> *Id.*

<sup>16</sup> USCIS PM 602-0187, February 25, 2025, Issuance of Notices to Appear (NTAs) in Cases Involving Inadmissible and Deportable Aliens, at page 6. ("USCIS will issue an NTA where, upon issuance of an unfavorable decision on a benefit request, the alien is not lawfully present in the United States.")

postdoctoral scholars would be filing paperwork. Moreover, it could potentially lead to a loss of U.S. investment should students and scholars not be permitted to complete their training.

### *Medical Students*

Currently, over 1,400 international students attend U.S. medical schools, consisting of the best and brightest from around the world.<sup>17</sup> International students are attracted by the extraordinary training provided at U.S.-based medical schools and the opportunities a U.S. medical degree affords them. The nation benefits tremendously from this exchange as well. With a projected physician shortage of roughly 86,000 by 2036, the U.S. needs exceptional candidates to meet an impending access to care crisis. It is not uncommon for medical students to delay their graduation date to pursue clinical or research interests while in medical school. In some instances, they may need to take a leave of absence for an illness or family related issue. The fixed term does not allow students the necessary flexibility to pursue their education without fear of having to go through the EOS process and being referred to immigration court for deportation/removal proceedings in event of EOS denial.

### *Insufficient Justification for Amending the Current Policy*

The Agency's proposed change in policy from D/S to a fixed term not to exceed four years is based, in part, on the length of U.S. undergraduate baccalaureate training programs, which is four years.<sup>18</sup> While it is true that many of the F-1 visa holders are in undergraduate programs, DHS cannot dismiss the complexity of graduate, postdoctoral, and residency programs, each with differing or non-standard length training programs, many of which are required to be longer than four years. Within the undergraduate context there is uniformity in the four-year degree program. Additionally, there is generally more choice and flexibility in courses provided for undergraduate educational programs. Residency programs range between three and seven years and PhD programs vary widely in length due to the research requirements necessary to complete the degrees. The fixed term not to exceed four years leaves many resident physicians, PhD students and postdoctoral scholars in a situation where they will have to apply for an EOS, which is completely unnecessary. **The individuals were allowed to enter for a course of study and as such should have a period of stay that lasts for the duration of their programs.**

Another justification DHS uses for proposing a fixed term is the "...challenge faced in efficiently monitor[ing] and oversee[ing] these nonimmigrants..."<sup>19</sup> This justification seems misplaced, particularly with regard to resident physicians on J visas, all of whom have been vetted by ECFMG prior to entry and all of whom are actively monitored by ECFMG throughout their J-1 stay. The U.S. Department of State has designated ECFMG as the visa sponsor for all J-1 exchange visitor physicians who participate in clinical training programs in the United States. J-1 physician's sponsorship by ECFMG requires certification based on verification of identity and graduation from a recognized medical school, successful performance

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<sup>17</sup> <https://www.aamc.org/data-reports/students-residents/data/facts-applicants-and-matriculants>.

<sup>18</sup> 90 Fed. Reg. 42082.

<sup>19</sup> 90 Fed. Reg. 42073.



on the same professional-knowledge and skills examinations that U.S. medical school-graduates must pass, and screening against the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List.

*Unnecessary Delays for Learners due to Increased Processing Times*

The proposed rule requires some visa holders to apply annually for an EOS to stay beyond the initial term. Under current D/S regulations, individuals may apply for extensions when necessary, and J visa holders are considered such an unlikely risk they do not have to file for an extension with USCIS but rather refile and amend visa paperwork with their given J-1 sponsoring program.<sup>20</sup> On the other hand, the new process will require a systematic review of an estimated 400,000 EOS applications each year, which will cause significant strain USCIS.<sup>21</sup>

The Agency, under the proposed rule, will also require individuals to provide biometric data with EOS applications.<sup>22</sup> This is redundant as biometric data is collected in connection with their visa applications at a U.S. consulate abroad prior to entering the United States. The impact on EOS applicants would be extremely burdensome; for instance, the only biometric facility in Boston can be a 45-minute one-way train ride from the city center. Some states only have one USCIS Application Support Center, which means that international learners could have to travel hundreds of miles just to submit biometric data for an EOS.

Policy makers and stakeholders have highlighted over the last 30 years the difficulties of navigating nonimmigrant exchange visitor programs. The Cato Institute, for example, identified that there are over 8.7 million pending cases before USCIS.<sup>23</sup> This is the same agency that would have to oversee and adjudicate any EOS in the F and J categories going forward. The Cato Institute goes on to suggest that a J-1 D/S type program should be available to other visa designations such as H-1B and L-1 workers because the length of stay is too short, and because there is a similarly low risk associated with these classes of visa holders.

Unnecessary complications, like the proposal to prohibit F-1 graduate students (including biomedical graduate students) from changing programs at any point during a program of study, limits changes in educational objectives.<sup>24</sup> Stakeholders have also expressed confusion over the Agency's proposed definitions for undergraduate and graduate level training in the context of medical education. The proposal would decrease the allowed period for F visa nonimmigrants to prepare to depart the U.S. after completion of a course of study or authorized period of post-completion practical training from 60 to 30 days. This would decrease time to prepare for departure, change status, or file extensions. There is no benefit to reducing the window to 30

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<sup>20</sup> 50 Fed. Reg. 42006.

<sup>21</sup> 90 Fed. Reg. 42101. DHS estimates an annual average of 205,000; 203,000; 6,000 EOS requests for F, J, and I nonimmigrants, respectively, over the ten-year period of analysis.

<sup>22</sup> 90 Fed. Reg. 42073.

<sup>23</sup> David J. Bier, Streamlining to End Immigration Backlogs America's legal immigration system is second only to the tax code in its complexity, Policy Analysis No. 943 (April 20, 2023), <https://www.cato.org/policy-analysis/streamlining-end-immigration-backlogs>.

<sup>24</sup> 90 Fed. Reg. 42088.

days, and it could create unnecessary confusion and stress for learners. Individuals going on to further employment or training, or transitioning to new research projects, need the current 60-day period to keep from falling out of status.

*Increased Cost to the American Taxpayer, Learners, and the Economic Impacts on Communities*

DHS estimates an increased cost of up to \$392.4 million associated with the change to learners, sponsoring organizations and institutions of higher education.<sup>25</sup> The administrative costs to institutions of higher education and J sponsoring organizations to implement and manage the proposed program are estimated to total roughly \$76 million dollars a year.<sup>26</sup> Additional costs to hosting institutions for DSO and RO training and familiarization would total up to \$11.8 million dollars per year.<sup>27</sup> There will be additional costs for learners and exchange visitors, as they will now need to file EOS applications with DHS. This will carry a hefty price tag to nonimmigrants of up to an estimated \$304.3 million per year.<sup>28</sup> The additional administrative burdens, the uncertainty whether resident physicians will receive an EOS, and the enhanced costs will deter many qualified individuals from filling available training positions in the United States.

Ending D/S and implementing a fixed term stay will be costly to taxpayers, too. The additional costs associated with this proposed rule in no small part have to do with the incredibly time-consuming and labor-intensive administrative review process for additional visa and immigration applications because of the fixed term. The federal government will need substantial resources to accommodate for the increase in administrative overhead to process additional visa renewal applications and facilitate additional immigration extension applications. It is not clear through the proposed rule whether application or fee revenue will suffice to offset the additional costs to the federal government.

*Conclusion*

A fixed term stay could have significant impacts on international graduate students, resident physicians, and postdoctoral scholars because of training disruptions and increased administrative and financial burden on learners and institutions. The AAMC highlights the current national shortage of physicians and science, technology, engineering and mathematics (STEM) professionals, which is projected to increase steadily over the next decade.<sup>29</sup> The proposed rule would diminish both the number and quality of applicants to these programs, limiting the nation's future access to care and critical scientific advancements. The AAMC believes any amendments to the D/S policy should support research that advances innovation, drives breakthrough cures, and improves the health and well-being of communities across the country.

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<sup>25</sup> *Id.*

<sup>26</sup> 90 *Fed. Reg.* 42101.

<sup>27</sup> *Id.*

<sup>28</sup> *Id.*

<sup>29</sup> Kathryn Palmer, Scientific Community Fears for Future of STEM Workforce Amid NSF Overhaul, Inside Higher Ed, May 30, 2025, <https://www.insidehighered.com/news/government/science-research-policy/2025/05/30/future-stem-workforce-jeopardy-amid-nsf-overhaul>.

Maintaining policies that reflect the realities of medical education and training, along with doctoral level educational opportunities and postdoctoral scholars work experiences will help ensure the U.S. remains a destination of choice for the world's most talented learners. Any changes to the current visa framework should balance DHS oversight with the stability and predictability needed for international learners, institutions, and the patients and communities they ultimately serve. The Medicare program is the largest single funder of GME training in the U.S. and spent \$5.88 billion in FY 2022 for the direct costs associated with residency training.<sup>30</sup> Every non-citizen resident physician training in a U.S. teaching hospital represents a critical investment in addressing our country's future physician workforce shortage, with many going on to practice in rural and underserved areas after completing training.<sup>31</sup>

The current D/S system is proven to be efficient and cost effective especially compared to the alternative fixed term proposed. Therefore, the AAMC requests that DHS not finalize the proposed rule. Please feel free to direct any questions to Bradley Cunningham [bcunningham@aamc.org](mailto:bcunningham@aamc.org) or Jodi Yellin [jyellin@aamc.org](mailto:jyellin@aamc.org).

Sincerely,

A handwritten signature in black ink that reads "Danielle P. Turnipseed". The signature is fluid and cursive, with the first name "Danielle" and last name "Turnipseed" clearly legible.

Danielle P. Turnipseed, JD, MHSA, MPP  
Chief Public Policy Officer

cc: David Skorton, MD, AAMC President and CEO

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<sup>30</sup> AAMC Analysis of FY2022 Medicare Cost Report data, July 2024 Hospital Cost Reporting Information System (HCRIS) release. If FY2022 data is not available, FY2021 data is used.

<sup>31</sup> Jacobs JW, Wheeler AP, Horstman E, Booth GS. How Immigration Policy Threatens US Medical Training and Patient Care: A Fragile Pipeline. JAMA. 2025;334(6):483–484. doi:10.1001/jama.2025.9782 “Even short-term disruptions in visa processing or sponsorship could leave residency positions vacant, strain clinical teams, and delay patient care. Such gaps may also disrupt the training of US medical graduates, as programs rely on cohesive, team-based models.”